●1000 ●1000

		DECLA	RATION AND F	OWER OF	ATTORNE	Y USA/PCT		
As a be (a) (b)	I verily believe I am/we a	nship are as star are the original, entitled: ACTI which:   i	t:  ced below my name. My P.O first and sole/joint inventor(s NIUM-225 COMPLEXES a s attached hereto (), vas filed on February 23, 200 Application No. PCT/US01/0 and was amended on	s) of the subject matter AND CONJUGATE as (60364A)	er that is embraced b	by and for which a patent i	nted. s	
(c) (d) (e)	patentability as defined in 37 CFR 1.56(b). If this application is a continuation-in-part application, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 CFR 1.56(b) that became available between the filing date of the prior application from which priority is claimed in part (f) below, and the national or PCT international filing date of this application.							
	PRIO Number	R FOREIGN . Country or P	APPLICATION(S) CT Day/Month/Yo		RITY CLAIMED	CERTIFIED COPIES	INCL.	
	Additional claims for	or benefit are a	tached.					
(f) I hereby Claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below, or under 35 U.S.C. §120 of any United States application(s), or under § 365(c) of any PCT international application designating the United States of America listed below:							of	
	US or PCT Appln. Seri 60/185,220	iai No.	Filing Date <u>February 25, 2000</u>		Status at Applicati Abandoned			
	Additional claims	for benefit are a	ttached.					
2 20 ADEM This a	ppointment, including the	ffice connected	0010 PATENT TRADEM. e this appointment, shall also	Spondence to The Do	w Chemical Compa	ny's appointed counsel at:		
I herel	by declare that all statemer nd further that these stater onment, or both under 18	nts made herein ments are made	of my own knowledge are tn with the knowledge that will and that such willful false star	ful false statements a	nd the like so made	are punishable by fine or		
y O	At: Mill W this 25 day of  Signature: Dan Residence: 49 C Mill Country: Unit Citizenship: Unit	gshe Ma Glenwood Road wood, NY 105 ted States of A ted States of A te As Residence	646 MY merica merica	At: MEW this 2kt day of  Signature: Full Name: Residence:  Country: Citizenship: P. O. Address:	June July Michael R. McDe	Avenue, Apartment 6A k 10471 America A Y ce	200	
) O	Residence: 325 New Country: Uni Citizenship: Uni		West ork 10021 nerica merica	At: Freeport, T. this 2.6 day of this 2.6 day of the first state of th	daime Simon Route 1, Box 199 Angleton, Texas United States of United States of Same As Residen	7515 X America America	1 400	

☐ Additional names and signatures are attached.

Page two of two

Docket Ref.: 60364A

Additional names, addresses and signatures of PEntitled: DECLARATION AND POWER	to be attached to Form No. 1000  OF ATTORNEY	
AUG 1 2 2002 Fedeport, Texas 77541, USA this 32 day of March , 2002	At: Freeport, Texas 77541, USA this 25th day of march 2002	
Full Name: Garry E. Kiefer	Signature: R. Keith Frank Residence: '213 Pansy Path	X
Residence: 114 Juniper Street City, State, Zip: Lake Jackson, Texas 77566 Country: United States of America Citizenship: United States of America P. O. Address: Same As Residence	Residence: 1213 Pansy Path City, State, Zip: Lake Jackson, Texas 77566 Country: United States of America Citizenship: United States of America P. O. Address: Same As Residence	
At: Freeport, Texas 77541, USA this 25 day of Masch , 2002	At: day of, 20	
Signature: Gyongyi Gulyas  Residence: 305 Timbercreek Drive City, State, Zip: Lake Jackson, Texas 77566 Country: United States of America Citizenship: United States of America P. O. Address: Same As Residence	Signature: Full Name: Residence: City, State, Zip: Country: Citizenship: P. O. Address:	
At:	At: day of, 20	
Signature: Full Name: Residence: City, State, Zip: Country: Citizenship: P. O. Address:	Signature: Full Name: Residence: City, State, Zip: Country: Citizenship: P. O. Address:	
At:day of, 20	At: day of, 20	
Signature: Full Name: Residence: City, State, Zip: Country: Citizenship: P. O. Address:	Signature: Full Name: Residence: City, State, Zip: Country: Citizenship: P. O. Address:	